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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-33)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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HEADLINE: Navy Medical Detachment Begins Returning from GITMO
BUMED Washington (NSMN) -- U.S. Navy personnel assigned to the Medical Detachment under Joint Task Force 160 at Guantanamo Bay, Cuba, have begun a drawdown and are beginning to return stateside. The detachment has been providing medical care to the remaining Cuban migrants on board Naval Base Guantanamo Bay in support of Operation Sea Signal.

The JTF-160 Medical Detachment, under the direction of CAPT James Walker, MC, a family practice physician at Naval Hospital Pensacola, FL, began the drawdown 17 August. Through 1 September, 43 of the 270-plus personnel assigned to the unit will tentatively be returning to their various commands at Pensacola and Jacksonville, FL; Camp Lejeune and Cherry Point, NC; Charleston, SC; Corpus Christi, TX; Bethesda, MD; and Millington, TN. The Medical Detachment will continue returning to stateside commands in Florida, Texas, Tennessee, North and South Carolina, Maryland, Louisiana, Virginia, Rhode Island and Georgia through February 1996.

On 2 May, the U.S. government announced that the migrant

camps at Guantanamo Bay would be shut down. At one point, there were 19,000 Cubans on the base. Today, there are approximately 14,000 Cuban migrants remaining in the camps as the operation begins to drawdown toward an early 1996 conclusion.

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HEADLINE: Doc Hauler to Retire With 36 Years of Service

BUMED Washington (NSMN) -- In a ceremony at the Washington Navy Yard on Friday, 25 August, CAPT Donald R. Hauler, MC, will retire after 36 years of service. For over a decade, Doc Hauler, as he is affectionately known, has run the Bureau of Medicine and Surgery's Physical Qualifications and Review Division as the Surgeon General's Special Assistant. The records of anyone needing a medical waiver to come into the Navy during that time were most likely reviewed by Doc Hauler himself, including 275,000 medical packages for admission to the Naval Academy, Naval Reserve Officers Training Corps, the U.S. Merchant Marine Academy, and Navy and Marine Corps Officer Candidate Schools. Doc Hauler actively coordinated with the Department of Defense Medical Examination Review Board, the Military Entrance Processing Command, and the Commander, Navy Recruiting Command, to ensure that only the most qualified personnel were accessed into the military services.

Doc Hauler's dedication, expertise and astute medical judgment have been a key ingredient to the quality force the Navy and Marine Corps enjoy today. Drafted in 1959 and assigned as a pediatrician/general medical officer, Doc Hauler has looked after the well-being of his Navy in one way or another ever since. He will be sorely missed by his extended Navy-Marine Corps family, which joins the Navy Surgeon General in wishing him "fair winds and following seas."

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HEADLINE: Naval Hospital Pensacola Earns JCAHO Top Honors

NAVHOSP Pensacola, FL (NSMN) -- Naval Hospital Pensacola topped 12 other U.S. Navy hospitals during the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) 1994 surveys. The Pensacola hospital scored in the 99th percentile and received accreditation with commendation, placing it among the top 4 percent of all civilian and military hospitals surveyed in 1994.

"Receiving accreditation with commendation is a significant achievement, one that recognizes exemplary performance by Naval Hospital Pensacola," said Dr. Dennis S. O'Leary, JCAHO president. "The naval hospital should be commended for its commitment to providing quality care to their patients."

Naval Hospital Pensacola and its seven Branch Medical Clinics -- located on board Naval Air Stations Pensacola and Whiting Field, FL, and Meridian, MS; Naval Technical Training Center Corry Station and Naval Coastal Systems Center, Panama City, FL; and Naval Station Pascagoula and Naval Construction Battalion Center Gulfport, MS -- "has to be viewed now as among the top hospitals surveyed by JCAHO across America in 1994," said the hospital's Commanding Officer CAPT Ralph P. Lockhart, MSC.

"We are extremely pleased to have achieved this designation," said Lockhart. "Everyone in this command goes the extra mile on a day-to-day basis to provide the best possible health care to our patients. Receiving accreditation with commendation is just the icing on the cake. But we're not going to rest on our laurels," he said. "This is just an incentive to continue to improve our services.

The 11 other Navy hospitals' JCAHO scores ranged from 89 to 98. All of the Navy hospitals were accredited. Only two of the 13 Navy medical treatment facilities received accreditation with commendation -- Pensacola and Naval Medical Center Oakland, CA. The Navy's mean summary grid score was 92.

JCAHO surveyed 1,700 hospitals across the nation in 1994. Four percent of those hospitals surveyed achieved accreditation with commendation. The mean summary grid score for all civilian and military hospitals surveyed last year was 88.

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HEADLINE: Review Process for Naval Aviation Exams Shortened

BUMED Washington (NSMN) -- A new change in Navy medicine policy has shortened the review process for naval aviation physical examinations. In the past, all naval aviation physical exams had to be reviewed by the Naval Aerospace and Operational Medical Institute (NAMI) in Pensacola, FL. Effective immediately, only physical exams from candidates and applicants for aviation programs and from those aviation personnel who may require a waiver are forwarded to NAMI for review.

The new change is more efficient because it allows NAMI to focus on those physical exams that need careful scrutinization, said CDR David Hiland, MC, deputy director, Aerospace Medicine at the Bureau of Medicine and Surgery.

NAMI receives about 24,000 physical exams annually and, of those, some 18,000 physical exams are routine, normal exams, explained Hiland. The error rate of the physical exams reviewed by NAMI was extremely low, and routine physical exams were taking up to nine months to be reviewed. Priority exams, such as new accessions and those requiring waivers, were being separated from the normal exams so they could be reviewed first. With the new change, results from the NAMI review for those individuals requiring waivers are expected to be much quicker.

Navy flight surgeons in the field will continue to ensure that each physical exam is performed thoroughly, and that each aviator or crew member is qualified to perform flight duty.

Story by LTjg Edie Rosenthal, Bureau of Medicine and Surgery

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HEADLINE: Portsmouth's Hurricane Drill Preempted by Real Thing

NMC Portsmouth, VA (NSMN) -- All types of drills are commonplace in the routine of Navy life. Naval Medical Center Portsmouth had a hurricane drill scheduled for the week of 21 August. However, this drill was canceled as the center had put all of its previous training in place to combat the anticipated arrival of the real thing, Hurricane Felix.

The real-time scenario began on Sunday, 11 August, when the

call came to set Hurricane Condition V from the local area commander, Naval Base Norfolk. Based upon a projected storm surge of 8-10 feet, forklift drivers began staging pallets and sandbags at 7:10 a.m., 15 August, on the center's beach, located along the Elizabeth River. By 7:30 p.m., the laborious task of filling more than 10,000 40- to 60-pound sandbags and locating them at strategic buildings and locations around the medical center was completed.

Condition I was set at 8:10 a.m., 16 August, but the major real-time preparations had been completed. The only items left to complete were minor preparations, including taping of windows, covering computers and equipment, and the removal of items that could become dangerous flying missiles in the projected high winds and gusts. As Felix continued to flounder around in the Atlantic off the coast of Virginia/North Carolina, Category "Alpha" personnel remained ready for the hurricane's anticipated land fall.

By the evening of 17 August, it was decided to have all medical center personnel return to their normal duties on Friday, 18 August. As routine operations got underway, the remnants of station preparations can still be seen as the filled sandbags have been staged and ready for the remainder of this year's hurricane season.

As Hurricane Felix continues its path to the northern Atlantic, its effects will remain in the minds of Naval Medical Center Portsmouth personnel. They know now that they can be confident in the fact that the whole evolution went precisely and smoothly and that in the eventuality of another major storm, the medical center will be ready.

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HEADLINE: Naval Dental School Becomes Smoke Free

NSDAT San Diego (NSMN) -- The Naval School of Dental Assisting and Technology (NSDAT), Naval Station, San Diego, embarked on a challenging quest to become a smoke-free command. This vision was initiated on 15 December 1994 with the mission of the Tobacco Free Task Force to develop a comprehensive set of strategies that would enable the command to become a 100 percent tobacco-free environment by Independence Day 1995.

As health care providers, NSDAT personnel recognize the vital importance of the Secretary of the Navy's goal of decreasing smoking in the Navy to 15 percent by the year 2000. The Tobacco Free Task Force aggressively advocated health promotion and was given the support of the command in becoming tobacco free.

Initially, surveys were distributed at NSDAT to obtain the tobacco user's profile. The Naval Medical Clinic and Naval Dental Center provided smoking cessation training to members desiring to quit smoking. The classes included stress management, weight control, and nicotine patches.

Inservice training, notes in the Plan of the Week, and General Military Training publicizing strategies to help those who use tobacco to quit were provided to the staff and students. Education included information on emotional stress and physical

withdrawal problems that may accompany tobacco cessation, and promoted the target date of 4 July 1995 as the day the smoking lamp would go out at NSDAT.

A short time has passed since NSDAT has become a smoke-free/tobacco-free facility, but the benefits are far reaching. On July Fourth, NSDAT advanced the Navy a step closer to its goal and contributed greatly to Health and Human Services' Healthy People 2000 objectives.

Story by DTC G.H. Ebendick, NSDAT

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HEADLINE: Naval Medical Center Oakland's One-Stop Shopping
NMC Oakland, CA (NSMN) -- One-stop shopping is another success story at Naval Medical Center Oakland.

The command has many obligations -- providing medical care to beneficiaries, providing training and experience to a variety of corpsmen, and -- last, but not least -- ensuring the operational readiness of staff military personnel. In keeping with the Boy Scout motto "be prepared," Navy personnel must be ready to move where needed at a moment's notice.

With a current staff of approximately 1,000 military personnel assigned to the Naval Medical Center, ensuring military readiness is no small task. Every person must have all their dental, medical, education and legal matters in order so that, in case of an emergency or deployment, they are ready to go. Organizing 1,000 military personnel and their records at once could cause a serious log-jam at the hospital. Recognizing this, the architects of the medical center's "one-stop shopping" artfully managed to move 91 percent of the command's military staff through a process designed to provide convenience to all remaining services in just four days last month.

"One-stop shopping's success was attributable to the joint effort of many different departments," said PM1 Alex Mendoza, acting head of the Contingency Operations Department. Starting at patient records, this effort involved staff from Command Education, Communications, Dental, Laboratory, Medical Services, Optometry, Immunizations and Contingency Operations.

"So many players made 'one-stop shopping' a success," said director for Administration LCDR Elizabeth Peake, MSC. "Nursing Services jumped in to cover the work when the 'one-stop shopping' team had mandatory safety training on the defibrillator. Without Nursing Services filling the gap, I would have had to close the operation down for two hours."

Every department had a key role in the process.

"The Contingency Operations Department had to make sure that everything ran smoothly," said Mendoza. "We had to double check the medical, dental and education records to make sure each person has everything in order."

The end result is Naval Medical Center Oakland military personnel are prepared and ready to go. "Operational readiness is, and must continue to be, an essential ingredient in everything we do," said NMC Commander CAPT David Snyder, MC. "The success of one-stop shopping in making it convenient for our staff to meet readiness requirements represents a notable

contribution to our primary mission. Bravo Zulu to all."
Story by Georgianna Lear, Naval Medical Center Oakland
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HEADLINE: Dr. Heimlich Visits Surgeon General

BUMED Washington (NSMN) -- Dr. Henry Heimlich recently paid a visit to the Navy's Surgeon General, VADM Harold M. Koenig, MC. Dr. Heimlich is most widely known for developing the Heimlich Maneuver used in providing first aid to choking victims.

Dr. Heimlich began his career as a Navy physician serving during World War II as a medical officer with the U.S. Naval Group China. The Heimlich Maneuver has been instrumental in saving the lives of choking and drowning victims. The Heimlich Maneuver is a simple procedure that can easily be learned by anyone.

The Heimlich Maneuver saves lives of choking victims by pushing the food out using a thrust of air. The Heimlich Maneuver works by quickly pressing on the area well below the victim's rib cage and just above the navel. You press upward on the diaphragm, compressing the lungs which causes air to flow up through the trachea and forces the object out of the victim's throat.

When someone is choking they may signal distress by bringing their hand to their throat, inability to speak or breathe, blue coloration of the face of lips, and loss of consciousness. Ask the victim, "Are you choking?" If the victim nods "yes," perform the Heimlich Maneuver immediately. You have only four minutes to clear the airway before the victim suffers damage from lack of oxygen. The life you save could be your own. Never slap a choking victim on the back or stick your fingers down their throat pushing food further into the chest cavity.

To perform the Heimlich Maneuver, simply follow these four steps to clear the blocked airway safely and quickly:

1. From behind, wrap your arms around the victim's waist.
2. Make a fist and place the thumb side of your fist against the victim's abdomen, below the rib cage and above the navel.
3. Grasp your fist with your other hand and press into the victim's abdomen with a quick upward thrust.
4. Repeat until the object is expelled.

Dr. Heimlich's latest discovery is the use of the Heimlich Maneuver for saving drowning victims. The major lifeguard organizations in the world and medical associations including JAMA have adopted the Heimlich Maneuver for drowning. Dr. Heimlich is currently pursuing incorporating using the Heimlich Maneuver for drowning victims into the guidelines and courses provided by the American Red Cross. Eighty-seven percent of drowning victims treated with the Heimlich Maneuver survived while only twenty-eight percent treated with CPR only survived. You can't get air into the lungs until you get the water out.

When administering the Heimlich Maneuver to drowning victims standing in a pool or shallow water, the buoyancy of water lightens a victim's weight. If the victim has not recovered, proceed with CPR. The victim should see a physician immediately after rescue.

Story by Ann Kirby, Bureau of Medicine and Surgery
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HEADLINE: Former Navy Surgeon General VADM Seaton Dies

BUMED Washington (NSMN) -- VADM Lewis H. Seaton, MC, USN (Ret.), who was Navy Surgeon General from 1983-1987, died 20 August in Orange Park, FL. In lieu of flowers, the family requests contribution be made to:
--American Heart Association, 5851 St. Augustine Rd., Jacksonville, FL 32207 or
--Clay County Behavioral Center, 3292 County Rd. 220, Middleburg, FL 32068.

If you would like to send a note to Admiral Seaton's widow, Mrs. Doris Seaton, please contact the BUMED Public Affairs Office for her address (see the last paragraph of this message for contact information).

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3. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

The following two meetings were recently announced:

-- 16-19 October, Navy Surgeon General's Leadership Conference, Sheraton Premiere Hotel in Tyson's Corner, VA. The theme is Navy Medicine's Three R's -- Readiness, Resources and Reengineering. BUMED Washington 161600Z AUG 95 provides conference guidance and details on who may attend. Conference information can be obtained via email from sglc@med.navy.mil and information is posted on the World Wide Web at <http://support1.med.navy.mil> -- the posting includes an online conference registration for member and spouse option. For hotel information, call 1 800 572-7666 or 703/448-1234.

-- 29 October - 3 November, AMSUS Annual Convention, "Federal Health Care: A Vision for Change," Anaheim, CA. For information, call the Convention Department of the Association of Military Surgeons of the United States at (301) 897-8800.

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HEADLINE: Navy Medical Service Corps Officers to Receive Awards

AMSUS Anaheim, CA (NSMN) -- Two Navy Medical Service Corps officers will receive awards from the Association of Military Surgeons of the United States at this year's annual AMSUS convention, to be held 29 October - 3 November in Anaheim, CA.

CAPT Thomas R. Defibaugh, MSC, will receive the Paul F. Truran Jr. Award, and LCDR Mitch Cooper, MSC, will receive the Walter P. McHugh Award at the convention's awards dinner, 1 November.

Defibaugh is stationed at the Bureau of Medicine and Surgery in Washington, DC, where he is the Deputy Assistant Chief of Logistics. He is also the specialty advisor to the Navy Surgeon General for materiel logistics. The Paul F. Truran Jr. Medical

Materiel and Logistics Management Award, named for retired Navy CAPT Paul F. Truran, MSC, "honors the man (Truran) who made significant contributions to the medical materiel managers and medical logisticians in the Naval Service." The AMSUS Awards program also describes the criteria for recipients of the Truran Award as "a Medical Service Corps Officer of the Army, Navy, or Air Force, or equivalent employee of the Department of Veterans Affairs or U.S. Public Health Service for outstanding accomplishments in the field of medical logistics and the advancement of medical materiel management in the Department of Defense."

Cooper, stationed at Naval Medical Center Portsmouth, VA, will receive the Walter P. McHugh Award, which recognizes "contributions to the medical logistics mission" by "a Medical Service Corps Officer of the Army, Navy, or Air Force, or equivalent employee of the Department of Veterans Affairs or U.S. Public Health Service holding the grade of O-1 to O-4 and having not yet reached age 40 by the submission deadline."

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4. Important dates for 31 August - 7 September:

31 August 1842: U.S. Navy Medical Department Established

31 August: O-5, O-2 FitReps Due

31 August: Reserve O-5 (TAR) FitReps Due

September

Women in Medicine Month ((312) 464-4392)

National Cholesterol Education Month (National Heart, Lung and Blood Institute, (301) 251-1222)

Leukemia Society Month (1 800 955-4LSA)

National Pediculosis Prevention Month (1 800 446-4NPA)

National Sickle Cell Month (1 800-421-8453)

Children's Eye Health and Safety Month (Prevent Blindness America, 1 800 331-2020 (Marita Gomez))

Baby Safety Month (Juvenile Products Manufacturers Association, Two Greentree Center, Suite 225, P.O. Box 955, Marlton, NJ 08053)

1-7 September: Child Injury Prevention Week

7 September: E-4 Advancement Exam

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5. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793, DSN 294-0793. FAX (202) 653-0086, DSN 294-0086. EMAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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